PTO/SB/17 (12-04v2)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number TRANSCOVE on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/754,355-Conf. #3314 **Application Number** January 5, 2001 FEE TRANSMITTAL Filing Date Kang MOON First Named Inventor For FY 2005 **Examiner Name** V. R. Kostak Applicant claims small entity status. See 37 CFR 1.27 2614 Art Unit 0630-1213P **TOTAL AMOUNT OF PAYMENT** (\$) 1,020.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card None Other (please identify): x Check Money Order Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> 200 Utility 300 500 250 100 150 130 65 Design 200 100 100 50 80 300 150 160 Plant 200 100 300 150 500 250 600 300 Reissue 100 0 0 Provisional 200 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 180 Multiple dependent claims 360 **Multiple Dependent Claims Total Claims** Fee Paid (\$) Extra Claims Fee Paid (\$) Fee (\$) Indep. Claims **Extra Claims** Fee Paid (\$) 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

SUBMITTED BY						
Signature	Estro H. Ch	m	Registration No. (Attorney/Agent)	40,953	Telephone	(703) 205-8000
Name (Print/Type)	Esther H. Chong				Date	December 13, 2005

1,020.00

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month



PTO/SB/22 (12-04)
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no persons are required to respond to a collection of information unless if displays a valid OMB control number. **Docket Number (Optional)** SÍON OF TIME UNDER 37 CFR 1.136(a) FY 2005 0630-1213P (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) **Application Number** 09/754,355-Conf. #3314 Filed January 5, 2001 CHANNEL SWITCHING APPARATUS OF DIGITAL TELEVISION AND METHOD THEREOF For **Art Unit** 2614 Examiner V. R. Kostak This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Small Entity Fee** <u>Fee</u> \$60 One month (37 CFR 1.17(a)(1)) \$120 Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ 1,020.00 \$510 Three months (37 CFR 1.17(a)(3)) \$1020 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$1080 Five months (37 CFR 1.17(a)(5)) \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. 40,953 Registration number if acting under 37 CFR 1.34 December 13, 2005 Date Signature (703) 205-8000 Esther H. Chong Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted.

12/14/2005 HALI11 00000079 09754355

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